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# Trust Integrated Governance Report
# July 2026

## Month 1 (April) & Month 2 (May) 2026

Delivering great health and care services in our local communities

# Trust balanced scorecard to May 2026

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| Outcomes | Metric | 25/26 | April | May | Month on month trend |
|---|---|---|---|---|---|
| % of services with identified and agreed Patient reported outcome measures | | | | | |
| Number of MRSA cases in the last 12 months | 0 | 0 | 0 | 0 | Stable |
| Incidence of C.Difficile | 0.06 | 0 | 0 | 0 | Stable |
| Prevention of future deaths orders | 0 | | 0 | 0 | Stable |
| No Never Events recorded | 0 | | 0 | 0 | Stable |
| % of safety incidents causing harm | 6.5% | | 3.5% | 6.8% | Deteriorating |
| % of patients waiting less than 18 weeks for their care | 78.0% | | 71.0% | 71.9% | Improving |
| % of people waiting over 52 weeks for care | 0 | | 12.6% | 11.9% | Improving |
| 2 Hour Urgent Response standard | 80.0% | 77% | 73.5% | 77.9% | Improving |
| Actions from PSIIs are completed within the agreed timeframe. | 100% | | 100% | 100% | Stable |
| Evidence of inviting patient involvement in PSII reviews is recorded | 100% | | 100% | 100% | Stable |

| People | Metric | 25/26 | April | May | Month on month trend |
|---|---|---|---|---|---|
| Appraisal | 92.0% | 88.5% | 87.6% | 87.7% | Stable |
| Mandatory Training | 90.0% | 94.9% | 94.6% | 93.6% | Deteriorating |
| Rolling sickness absence | 5.5% | 5.6% | 5.7% | 5.7% | Stable |
| Monthly sickness absence | 5.5% | 5.7% | 5.4% | 5.6% | Deteriorating |
| Rolling turnover | 12.0% | 9.4% | 9.0% | 8.4% | Improving |
| Stability index | 87.0% | 89.4% | 90.7% | 90.3% | Stable |

| Patient and service users | Metric | 25/26 | April | May | Month on month trend |
|---|---|---|---|---|---|
| Service users who provide feedback, report that the service they received was good or very good. | 90.0% | 95.2% | 93.1% | 95.3% | Improving |
| Service users who provide feedback report that they are treated with respect and dignity. | 90.0% | 95.4% | 96.4% | 96.7% | Improving |
| Number of patients/service users we get feedback from | | 3578 | 3175 | 2776 | Deteriorating |
| Complainant dissatisfaction | <10.0% | 5.83% | 0% | 0% | Stable |
| Statutory safeguarding review actions complete | 100% | | Nil return | Nil return | Stable |
| Statutory rapid reviews and information sharing requests completed | 100% | | 100% | Nil return | Stable |
| Statutory Duty of Candour completed | 100% | | | | |

| Finance and resources | Metric | 25/26 | April | May | Month on month trend |
|---|---|---|---|---|---|
| Variance to annual financial plan (YTD) | +/- 1% | | +16.8% | +4.7% | Stable |
| Proportion of efficiencies delivered on a recuring basis (YTD) | 90.0% | 45% | 97.0% | 96.5% | Stable |
| Agency expenditure - within national target level for Trust (YTD) | £1.7m | £1.4m | £0.1m | £0.2m | Stable |
| Bank expenditure - within national target level for Trust (YTD) | £7.8m | £7.1m | £0.7m | £1.3m | Stable |
| Cash cover | 4 weeks | 6 weeks | 6 weeks | 6 weeks | Stable |
| Return on investment on transformational investment | >100% | - | N/A | N/A | |
| Productivity - increase from previous quarter* | +0.25% | -2025/26 M10* NCHC -7.5% - CCS -2.57 | | | |
| * National productivity reporting is four months in arrears at present. | | | | | |

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# Key matters & escalation reports from the Service Assurance Committees and emerging issues

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# Ambulatory Service Assurance Committee - Key matters & escalations report

NHS East of England Community Health and Care NHS Trust

## Outcomes

**Concerns**

Cambridgeshire and Peterborough Special Care Dentistry – 13 individuals currently waiting 52+ weeks. In addition, demand is consistently exceeding capacity within this area.

ICaSH – 2 commissioner KPIs – Cambridgeshire - % of women offered access to Long Acting Reversible Contraception within 10 working days – May 2026 – 70.45%. Peterborough – May 2026 – 79.45% - against a target measure of 90%. Reviewing these targets with Commissioners. As do not match national guidance.

**Good practice**

ICaSH – Star light clinic in Peterborough – new monthly drop-in clinic identified underserved group (sex workers)

**Board action – For noting, no action**

## Patient and service users

**Concerns**

Norfolk and Waveney MSK Services – Friends and Family feedback positive responses increased from 68.5% to 84.1%, but remains below target. Numbers of returns remain low, however, have increased by 16% since last reporting period. Plan in place and being delivered to increase responses.

**Good practice**

MSK services – digital innovations, including the MSK Patient Portal and FLOK low back pain pathway.

Oral Health – service joined 'rhyme time' sessions to share toothbrushing advice in Bedford. Supports national smile month.

ICaSH – PrEP+ online pathway live

**Board action – For noting, no action**

## People

**Concerns**

Dental services – cumulative sickness rate 6.62%. Reduced from 8.17%. Working alongside HR colleagues where appropriate.

ICaSH Peterborough – increase in violence and aggressive incidents towards staff. Security presence on site and longer term plan being developed.

**Good practice**

Dental Services – secured 2 x Joint Foundation Dental Core Trainee and 2 x Foundation training posts for 26/27 cohort.

**Board action – For noting, no action**

## Finance and resources

**Concerns**

Cambridgeshire and Peterborough Dental Services – awaiting funding decision from the Commissioner in relation to securing additional theatre lists. Contracts team currently chasing.

**Good practice**

Dental services secured additional funding for Oral Health services in two different geographies.

**Board action – For noting, no action**

# Luton & Bedfordshire Adults Service Assurance Committee - Key matters & escalations report

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| Outcomes |
|---|
| **Concerns** |
| Falls – number of referrals received 4 weeks ago, of which had clinical contact within 4 weeks– target 90%, actual 63.7%. Clinical risk minimal. |
| **Good practice** |
| 2 hour urgent response standard – April 91.2% and May 93.6%, against a national target of 70% |
| |
| **Board action – for noting, no action** |

| Patient and service users |
|---|
| **Concerns** |
| |
| **Good practice** |
| Friends and Family feedback – 99.3% in April and 100% in May, however, response rates need to be improved. |
| Roll out of wound care app – over 31,000 wound assessments to date, with qualitative data now being pulled together. |
| |
| **Board action – for noting, no action** |

| People |
|---|
| **Concerns** |
| Safeguarding level 3 training below compliance at 84%, however, plan in place to achieve over 90% in next reporting period. |
| **Good practice** |
| Annual leave planning – 20% of leave has been taken within the first two months of the year. |
| Appraisal rates – just below 97% compliance. |
| |
| **Board action – for noting, no action** |

| Finance and resources – **nothing to escalate in any areas** |
|---|
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# Children and Young People Service Assurance Committee - Key matters & escalations report

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## Outcomes

**Concerns**

Six Services had waits beyond 52 weeks, these are the 3 NDS services, Audiology, Adult Dietetics and Cambridgeshire Dietetics. It was noted improvement plans were in place

**Good practice**

Delivering phase 2 of the NDS recovery programme, and continuing work on phase 3 to implement a sustainable model from April 2028.
Trajectories for phase 2 had been reviewed and capacity and demand analysis completed.
Initial health Assessment (IHA) performance in Norfolk improved during the reporting period, with the trajectory showing more consistent positive performance.
Mandated contact performance continued to be strong and had improved further in some areas.

**Board action – continue to actively monitor waits (see later section for more detail)**

## Patient and service users

**Concerns**

Overall, 92% of service users who provided feedback, said the service was 'good' or 'very good'. 'Poor' and 'very poor' scores vary across services, comments are reviewed by the co-production lead and service managers. Although results appear to be good, in some service we are hearing from less than 1% of the children we see. Service directors will work with co-production leads on how we can find more innovative ways to involve children.

**Good practice**

All geographies are working with Local Authorities to develop 'Experts at Hand' models. This will improve inclusion in mainstream settings- there will be greater access to experts including occupational therapists, speech and language therapists and educational Psychologists to provide advice and guidance to staff in schools.

**Board action – for noting, no action**

## People

**Concerns**

Sickness is above target for many services

**Good practice**

Managers are working hard to support staff and putting in adjustments and the Trust has a broad range of wellbeing offers.
A Group of staff attended the Norfolk and Suffolk Expo, it provided an opportunity to make contacts with other organisations. The teams were also nominated for 3 awards: coproduction award, digital award and young person's award.

**Board action – for noting, no action**

## Finance and resources

**Concerns**

Norfolk Healthy Child Programme - £249k underspent (8.4%) driven by 7.5% vacancy rate; risk of funds being returned under open book contract.

**Good practice**

CYP consolidated financial position at month 2 - £53k overspent YTD (0.3%)

The finance approach had been updated, budgets are now more transparent. Work continues to ensure costs align to contract values.

**Board action – for noting, no action**

# Norfolk Adults Service Assurance Committee - Key Matters & Escalations Report

East of England Community Health and Care NHS Trust

## Outcomes

**Concerns**

Pressure ulcer and wound care remains the highest patient safety priority. Immediate tactical actions are in place but sustained improvement requires intervention funding followed by longer term transformation

**Good practice**

Stronger governance established with weekly executive oversight, safety huddles, assurance dashboards and improved incident monitoring.

Wheelchair recovery trajectory to eliminate 52 week waits by November 2026 and recover the 18 week pathway by March 2027 – see slides 15-16 spotlight report [Note 52 week waiter numbers for June was incorrectly stated in service assurance committee, but is correct in this report]

**Board action – Support the immediate and assurance programme (being discussed at a separate Board briefing session)**

## Patient and service users

**Concerns**

Community nursing capacity and unallocated visits continue to pose patient safety risks – see slides 10-12 for the spotlight report

UCR out of hours performance remains below target and requires further improvement.

**Good practice**

New processes introduced to identify high risk patients earlier and strengthen oversight of deteriorating wounds.

Patient experience remains positive overall with >95% recommending services.

**Board action - receive further assurance on the impact of interventions and recovery metrics at the next reporting cycle**

## People

**Concerns**

Workforce capacity remains the principal constraint on sustainable improvement.

Appraisal compliance remains below target but improving.

Sickness levels in some of the place teams over plan – actions underway to support improvements

**Good practice**

Integrated governance and leadership arrangements have matured significantly.

Business continuity arrangements have been strengthened with central oversight and testing.

**Board action – support workforce investments and transformation programme**

## Finance and resources

**Concerns**

Financial position and efficiency delivery is behind plan, however there will be further process of budget re-alignment and incorporation of new commissioned contracts – therefore partial assurance pending that process finalising

**Good practice**

Clearer financial modelling and revised forecasting are being developed.

Transformation and efficiency programmes are now aligned through a single governance approach.

**Board action – note financial risk in Norfolk Adult services and receive assurances from next committee meeting**

# Board-level forward look/horizon scanning

NHS East of England Community Health and Care NHS Trust

| Emerging Issue | Potential Impact | Timeframe | Mitigation / Response |
|---|---|---|---|
| **Recruitment and Retention of AI, Digital and Engineering Skills** | Potential implications for workforce planning, employee wellbeing and organisational resilience | 2026-2027 | Added to the Trust's emerging risk radar in June 2026 for regular monitoring by the Executive Team and Audit & Risk Committee |
| **Block contracting deconstruction process** | • The process to un-bundle Integrated care Board block contracts (by April 2027) will be nationally mandated and set within defined activity and cost parameters.<br>• Risk if:<br>  ○ our data is inaccurate or incomplete<br>  ○ the national pricing has been made on the wrong assumptions.<br>• Impact will be on 2027/28 budget planning and next financial year Trust financial position | Quarter 3 and 4 internal activity in the Trust<br><br>Impact April 2027 | ❖ Validate and reconcile activity, costing and contract data to identify any financial risks.<br><br>❖ Undertake scenario modelling against national pricing assumptions, engage with NHS England and the ICB to challenge anomalies.<br><br>❖ Incorporate identified risks and contingencies into the 27/28 financial plan ahead of implementation. |
| **National data collection, following Trusts merging** | The Trust flows data in multiple national data systems. The Trust identifier is called an ODS code – as part of the merger there has been break down in communication/alignment between the technical and data governance teams in NHS England, meaning our data is not going to easily flow from the legacy services.<br><br>This has the risk of impacting what data is collected, reported in the national systems and hence could mean the NOF regulatory framework could be impacted. | Now – October 2026 | ❖ Community data collection system will accommodate using the codes from legacy organisations and aggregate nationally<br>❖ Mental health service data cannot follow same approach – therefore will not reported for quarter 1 and 2<br>❖ Continuing with data harmonisation internally and with NHS England to rectify for quarter 3 |
| **Funding of waiting list reduction initiatives** | Failure to secure additional funding (in particular for Children's Neurodevelopment Services - £6.3m over two years) could slow or halt backlog reduction, leading to increased waiting times, reduced compliance with national targets, deterioration in patient experience and creating pressure for savings elsewhere in the Trust. | 2026-2027 | ❖ Continue active engagement with the ICB and NHSE to identify ring-fenced funding opportunities (£750k confirmed to date),<br>❖ Reviewing internal funding options including use of surpluses and/or cash balances. |

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# Spotlight reports

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# Areas of Concern: Incidents reported by degree of harm (Trust wide)

NHS East of England Community Health and Care NHS Trust

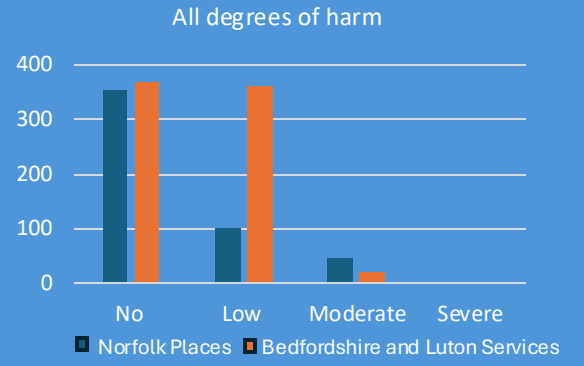
## Understanding the Performance:

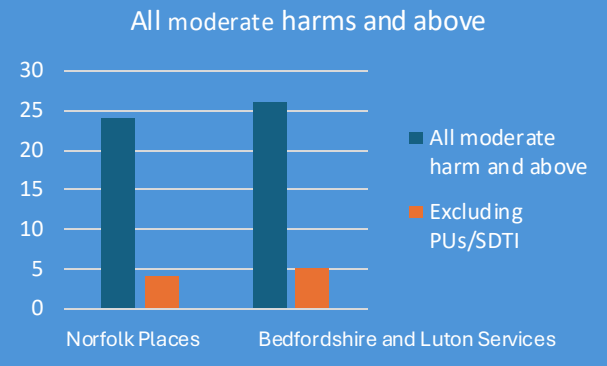
Bedfordshire and Luton Community Adults and Bedfordshire and Luton Children and Young People's (CYP) Health services reported 26 moderate harm patient safety incidents of patients under our care, with Norfolk Adults reporting 21 moderate and 3 severe attributable patient safety incidents. The data does not indicate a significant difference in harm profiles across this split.

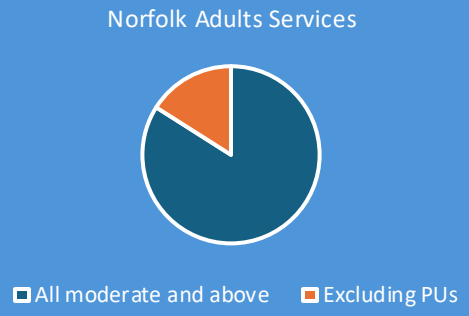
- The bar charts demonstrate a comparable picture in relation to the reported degrees of harm.
- The pie charts further demonstrate parity in the proportion of moderate/severe incidents related to wound care, including pressure ulcers.
- 9 moderate harm and above incidents unrelated to wound care were reported across the Trust. Of these, 3 related to harm from waits.
- No recurrent themes, actions or learning were identified.
- No deaths related to patient safety incidents were reported.

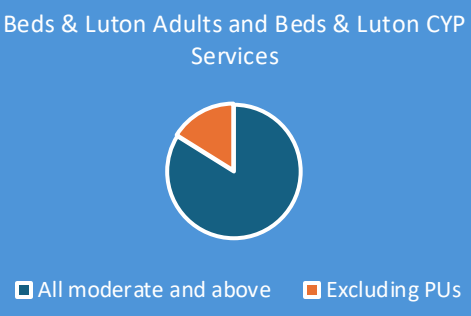
## Current & Potential / Anticipated Risks:

- There is a risk that non-attributable moderate harm and above incidents (those that are deemed to not be as a result of care provided by the service) may not be reviewed meaning that Duty of Candour may not have been appropriately actioned or managed.
- There is a risk that without central oversight of incidents, incident management and learning opportunities may be compromised.




## Intervention/Actions:

- The Safety Team commenced central oversight of patient safety from 1 July 2026.
- A review is currently being undertaken of moderate harm incidents that were reported as non-attributable as part of the aligning of Datix systems.
- There is increased scrutiny of all incidents at twice-weekly safety huddles, and alignment of incident reporting across the Trust.
- Harm is being identified as a result of waiting. This feeds into the harm review work already underway and is in the process of being implemented within services within Norfolk Places that carry waiting lists. This appears under-reported currently.

## Anticipated Impact and Time scale for Improvement:

- There will be increased central oversight, governance and scrutiny of all incidents that will support local incident management process and the application of Duty of Candour.
- Implementation of the harm review process will strengthen organisational learning, thus providing assurance or identifying risks for patients waiting for care.
- Increased confidence in the quality and consistency of incident reporting across the trust.
- Improvements are anticipated within 3–6 months through strengthened oversight

## Recovery Dependencies:

- Dependant on clear governance structures, clear communication with services and a consistent approach to safety reporting and processes.
- Timely completion of the Datix harmonisation and migration work across the Trust.
- Continued engagement from operational and clinical leaders in incident review processes.
- Consistent application of incident grading, attribution and harm review processes across all services.
- Effective communication and dissemination of learning from incident investigations and harm reviews.

# Areas of Concern: Norfolk Adults Community Nursing Teams - Pressure Ulcers



## *Norfolk Adults Pressure Ulcer prevalence*

Between May and June 2026, concerns have been escalated, related to pressure ulcer care and management in the community from families to the Care Quality Commission and development of information to present to the Norfolk Coroners Court [Norfolk specific date shown below].

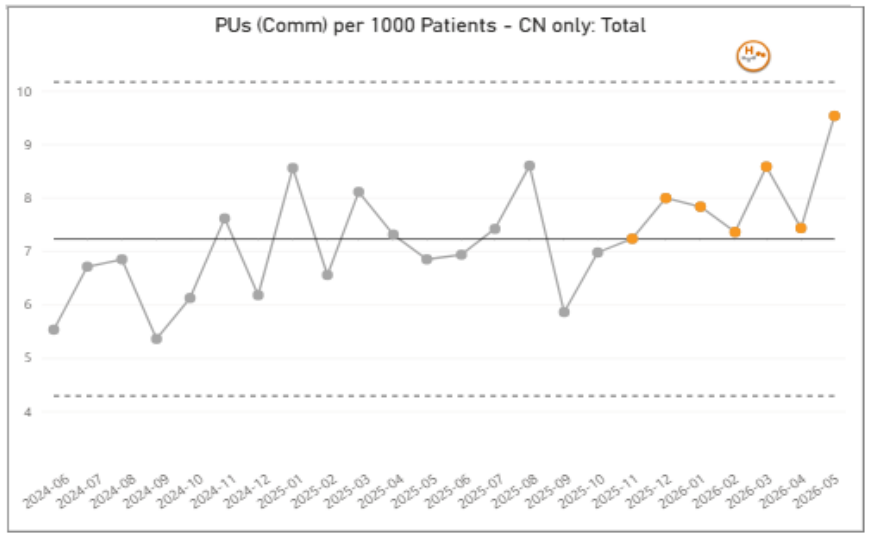
An assurance and recovery programme has been initiated to provide oversight and review of pressure ulcers in Norfolk Adults Community teams. Alongside this a PSII (Patient Safety Incident Investigation) has been commissioned to review an index case and 2 similar cases.

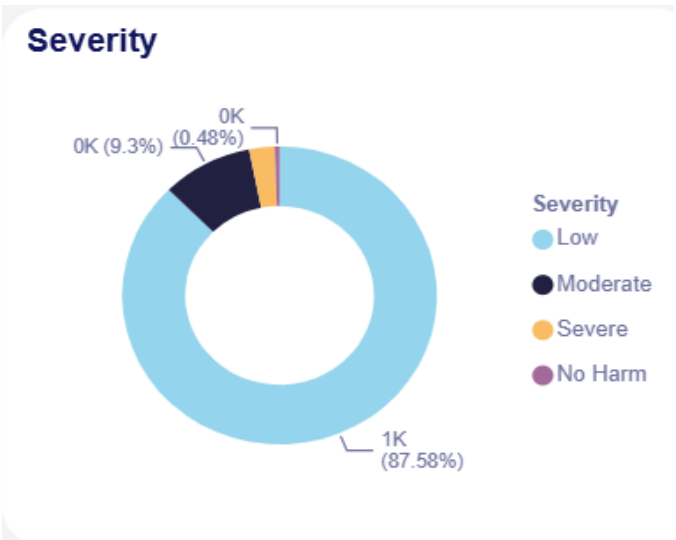
The purpose of the programme is to rapidly reduce the risk of avoidable pressure ulcer harm, provide assurance to patients, Norfolk Adult teams, the Board and external regulators, and implement sustainable improvements to the Tissue Viability and Community Nursing operating model. The programme recognises that whilst significant actions have been taken, continued incidents of severe harm indicate that further intervention is required. The approach therefore separates:

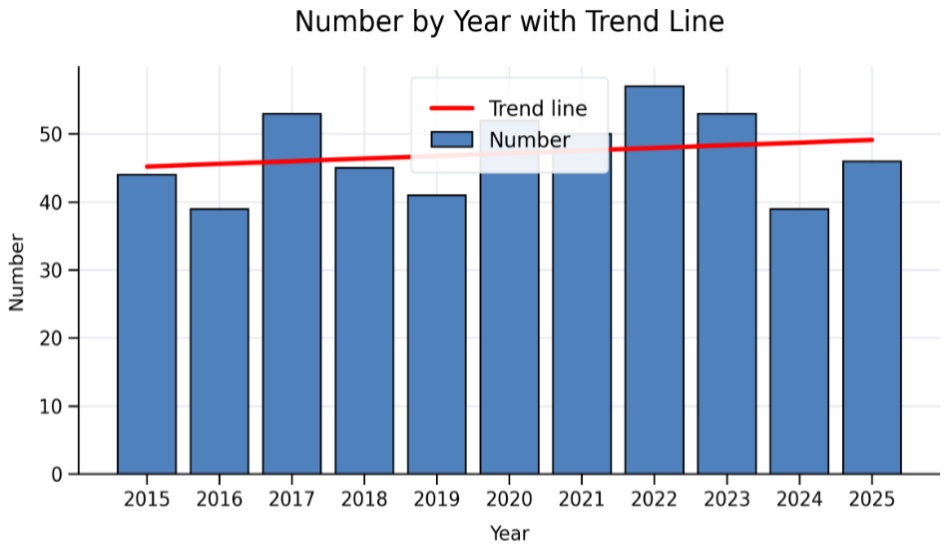
- Immediate patient safety assurance
- Rapid operational improvement
- Longer-term service redesign

The programme will operate on four principles:

- Patient safety first - Reducing harm occurring today.
- Active surveillance – Move from retrospective investigation of harm to active identification and management of risk.
- Rapid implementation - Changes identified will be implemented quickly and tested in practice rather than waiting for completion of lengthy action plans. Actions will address both local, and systemic issues and require strong visible clinical leadership in action.
- Executive/Director ownership - Led through direct executive/director oversight until assurance is established and improvement is evidenced.



# Area of Concern: Norfolk Adults Community Nursing Teams - Pressure Ulcers

NHS East of England Community Health and Care NHS Trust

## Intervention/Actions (SMART):

- Weekly assurance meeting commenced 09/06/26
- Initial data deep dive – completed
- Full risk and issue analysis - completed
- Scope of programme increased to cover all wound care
- Local review of all category 4 pressure ulcers- completed
- Rapid review of skin integrity operating model and TVN internal business case- In progress, due 10/07/26
- Design, build and implementation of assurance dashboard- In progress, due 17/07/26
- Implement new PU categorisation and Purpose T- in progress, due 31/08/26
- Review and align reporting across EEC- in progress, due October 2026

**Confidence level of planned mitigations- Reasonable**

## Anticipated Impact and Time scale for Improvement:

- All high-risk patients identified and monitored.
- No unknown Category 3 or 4 patients.
- Clinical standard set of Pressure Ulcer at Category 2 determined as high risk has escalation point to prevent deterioration
- Reduced waiting times for specialist review.
- Reliability measures consistently achieved.
- New Tissue Viability model identified and implemented.
- Evidence of reduced severe harm.
- Clear assurance narrative available for Board and external regulators.

Time scale for Improvement: 12 weeks

Categorisation will be to National Standards and alignment of incident reporting across Luton and Norfolk – By October 2026

## Current & Potential / Anticipated Risks:

**Issue 3964**

**Patient Safety and Experience Impact:**

- Deteriorating wounds
- Risk of infection/increased mortality risk
- Admission to acute
- Delayed healing
- Reduced independence and de-conditioning
- Pain

**Staff Impact:**

- Poor morale and impacts on wellbeing resulting in increased absence
- Lack of job satisfaction impacting on recruitment and retention rates

**Financial Impact:**

- Over establishment cost/current budget pressure to manage demand
- Risk of claims against the Trust

**Trust Impact:**

- Coronial action
- Safeguarding
- CQC investigation
- Legal action/ claims

**Initial Patient Safety Assessment of Norfolk Adults Pressure Ulcer incidents.**

- ☐ Stable picture of the most serious pressure ulcers reported on Datix across several years
- ☐ Insufficient oversight of incidents of wound care/pressure ulcers at Place level and joined up central team monitoring or oversight
- ☐ Insufficient Tissue Viability Nursing specialist support in Places
- ☐ Training, use of Purpose T and 2024 pressure ulcer categories have not been rolled out.

# Areas of Concern: Neuro Developmental service – 52-week waits

NHS East of England Community Health and Care NHS Trust

**Background/Context/Understanding the Performance:** *What is happening, What is the data telling us?*

- There are six services (out of circa 30 services) for which children are waiting longer than 52 weeks for an initial appointment, namely our three group-wide Community Paediatric and Neuro-Developmental services (NDS), Audiology (Bedfordshire and Luton), Adult dietetics (Bedfordshire and Luton) and Cambridgeshire dietetics.
- The number of children waiting in NDS services has improved, however initial NDS assessment waits remain above 52 weeks in all geographies.
- As of 31 May 2026, 9,359 children were waiting for an initial NDS assessment, 6,989 children had been waiting longer than 52 weeks, and 8,884 children had been waiting over 18 weeks.
- Phase 2 NDS recovery volumes are behind planned trajectories, however the position is recoverable with some variance expected due to seasonal referral patterns.

**Patient Safety Context:**
*What is the impact on patient safety, clinical effectiveness etc?*

- Risk 3751: There is a risk that if Children and Young People cannot access an NDS assessment in a timely fashion that this will impact on their learning and development through childhood.
- This risk is currently rated 16 and is being monitored in line with the Trust's harm review process.

**Patient Experience Context:**

- Complaint themes in Norfolk and Waveney include ND waiting times and poor communication, parental disagreement with ND assessment outcome, and short turnaround for schools to provide information to support ND assessment.
- Parental confidence that their child's needs will be met without a diagnosis [is a priority.]

**Outcomes/Equality Impact:**

- Across all geographies, we have been working with Local Authorities to develop 'Experts at Hand' models, forming part of local SEND Reform Plans submitted in June 2026 for national DfE consideration.

**Workforce and Financial Context:**

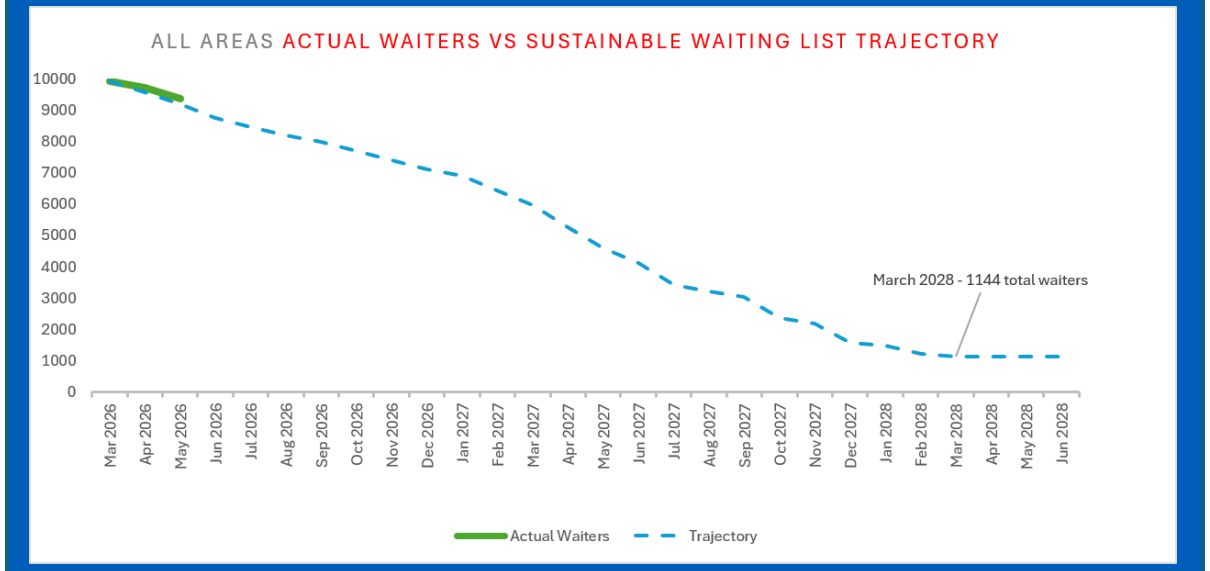
Workforce:

- For two consecutive months there has been an increase in stress-related absence, with pockets of change including NDS that may be contributing to this.

Finance:

- The NDS recovery programme is being funded at risk, and the Trust will need to explore other income or efficiencies to fund this. The Trust [has] committed to hit the NDS target, which would cost an estimated £3 million, to be reviewed at quarter 1.
- Beds & Luton reported Community Paediatrics ND recovery £228k overspend, Cambridgeshire & Peterborough £91k overspend, and Norfolk Community Paediatrics ND recovery £10k.

# Area of Concern: Neuro Developmental service – 52-week waits




## Intervention/Actions (SMART):

**Progress this month:**

- Delivering Phase 2 of the NDS waiting list recovery programme.
- In parallel, commencing the design work for Phase 3, a longer-term and sustainable operational model within recurrent finances available.
- The ND Skill Mix assessment and diagnostic pathway demonstrated it delivered safe, high-quality assessments, increased diagnostic capacity, and built confidence among staff and families in a new skill-mix model.

**Planned Activity next month:**

- Review the NDS recovery trajectories ensuring seasonal referral patterns and learning to date is incorporated in projections.
- Review the articulation of the NDS risk.
- Following the 'Experts at Hand' funding decisions, work will progress to implement new clinical models.
- Neuro-developmental Disorders Pathway Re-design is at Deep Dive and Design stage.
- Confidence level of planned mitigations - **partial**

## Current & Potential / Anticipated Risks:

- There is a risk that the number of referrals into the service may increase despite Early Concerns pilots, resulting in more pressure on the service.
- There is a potential risk associated with working across the ICS due to lack of definition of boundaries between services and professional bodies and unclear leadership and ownership.
- There is a risk associated with the scalability of each place-based Early Awareness pilot across Bedfordshire and Luton, including stretched resource, staff fatigue and inconsistent service offer based on council areas.

## Anticipated Impact and Time scale for Improvement:

Phase 2 of the recovery programme will run until 31 March 2028.
Phase 3 [will] be planned in conjunction with Phase 2 and [will] help to deliver a sustainable and high-quality offer to keep waits below 18 weeks.

## Recovery Dependencies:

- Additional non-recurrent funding this year has not been received.
- The Trust is exploring sources of funding and submitting business cases to the ICB for funding
- Recovery will require close monitoring of data, including referral numbers, outcomes and feedback.
- Collaborative working with partner organisations is a shared risk.

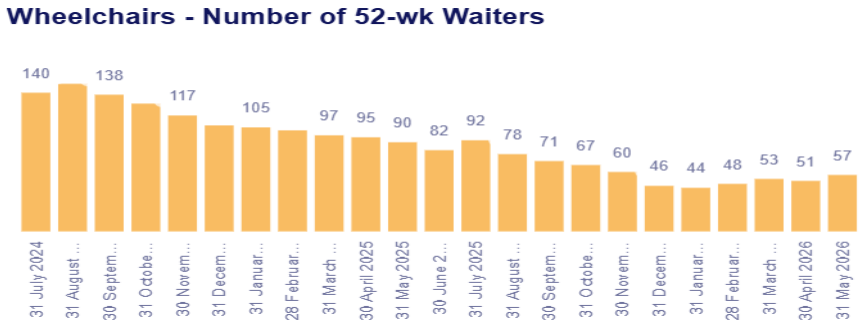
# Areas of Concern: Wheelchairs service – 52-week waits

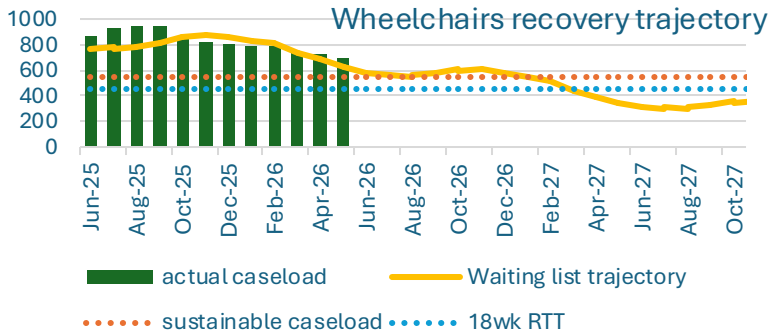


## Background/Context/Understanding the Performance:

**52-week Wheelchair service waits improving in June after a slight rise in May**

- The Wheelchair Assessment Service has been challenged in terms of waiting times for a number of years, high level causes have been increased demand and third-party equipment delays
- The number of waiters is on a consistent downward trend – **696 in May, the lowest since June 2021**. The service requires a maximum of 450 waiters to be able to offer a consistent 18-week pathway, forecast for mid-2027.
- The 52-week waiters within the service are not reducing at the same rate as the total waiters – illustrated in the graph.
- This is effectively due to the service prioritising clinical need over waiting time.




## Patient Safety Context:

- Prescribed equipment may no longer meet patient needs if the wait for the handover of chair and specialised seating is excessive.
- To manage the current high caseload, the service continues to prioritise patients based on medical need.
- Safety netting for urgent patients - There are three categories. P1 patients are significantly unsafe and there is no way to mitigate their risk. P2 is a patient that is deteriorating or at risk of deterioration, but can be kept safe (i.e. developing pressure sores, falls that can be mitigated, neurodegenerative conditions with poor prognosis). P3 are routine patients.

## Patient Experience Context:

- The average waiting time to receive equipment is 22-weeks – this is reducing gradually from 31-weeks in 2024
- Poor patient and carer experience with lack of responsiveness to patients' mobility needs / loss of independence / attendance of school for children

## Issue 3786- Wheelchair Service Performance against 18-week (4- Major)

**Further issue impacts identified:**

- Impact on workforce wellbeing and morale with increased management support needs.
- Reputational impacts with system partners.
- MDT working across services can be impacted for patients with complex wound care needs such as Community Nursing teams

## Workforce and Financial Context:

*Workforce:*

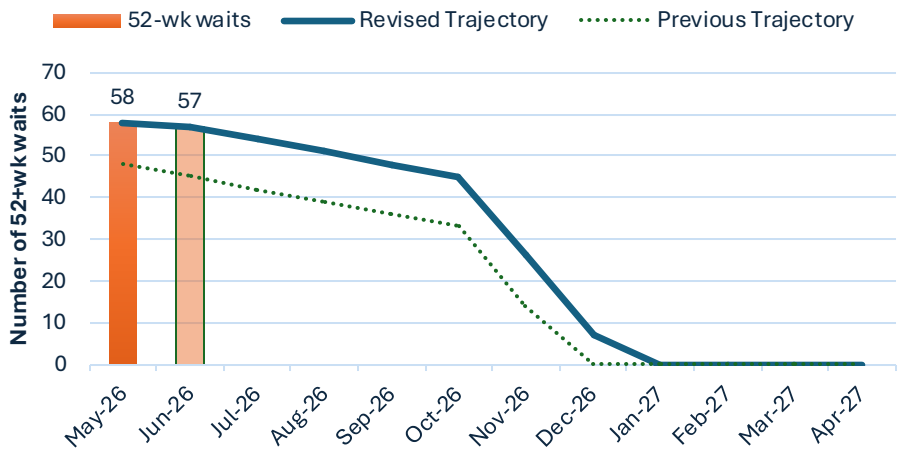
2 experienced registered clinicians from a team of 4 registered clinicians are on maternity leave and hopefully retuning in 2027.

Service has recruited additional non-clinical staff to support with less complex prescriptions and handover of equipment (commenced Jan 2026)

# Area of Concern: Wheelchairs service – 52-week waits



## Wheelchairs - 52wk waiter trajectory




- 52-week waiters increased by 6 in May to 58 in total.
- Overall caseload reduced by 40 in May (695 from 736)
- 160 discharged in month
- 19 x 52-week waiters were discharged, and 26 new waiters breached 52 weeks
- 17 are awaiting Wheelchair Handover (14 have appts in June)
- 33 waiters are due to breach 52-weeks at the end of June

## Intervention/Actions (SMART):

### Ongoing/Future Actions

- The service has arranged a 'catch up' week in July, 52-week waiters will be prioritised for appointments by longest wait.
- As the overall waiters continue to reduce, approaching a sustainable level – a review is due to take place regarding an operating model to manage an 18-week pathway efficiently, i.e booking appointments, ordering stock at the appropriate time.
- Chair-in-a-day pathway has been successfully implemented (commenced May 2026)
- Direct Issue of wheelchairs has reduced the need for non-complex patients to be assessed by a clinician. (commenced Jan 2025)
- Increasing the flow of patient through the Direct Issue pathway by reviewing the current algorithms within the self-referral form planned (by September 2026)
- A revised trajectory has been modelled based on the actual **May** and **June** 52-week waits position (see trajectory top left). The trajectory has slightly extended to zero 52-week waits compliance by January 2027 instead of December 2026.

## Current & Potential / Anticipated Risks:

- **Senior clinician resilience** is particularly fragile due to maternity leave so any further absence would have an effect, and this trajectory would be impacted.
- **Seasonal demand –** there is usually a peak in summer months

## Anticipated Impact and Time scale for Improvement:

**7-8 months to clear the 52-week waits** while the overall waiters continues to reduce..

Despite the service having capacity for around 160 discharges a month, around 25% of 52-week waiters are Priority 3 which means any Priority 1 or 2 which is referred is prioritised to be seen first. This is why the 52-week waits are reducing at a slower rate than the overall waiters which has reduced from 850 to 700 in the last 12-months.

## Recovery Dependencies:

Expecting small reductions in 52-week waits over the next 3-6 months due to –

- Volume of current waiters due to turn 52-weeks
- Demand increases in summer months, which in turn increases the prioritised P1/P2 referrals.

Confidence level of planned mitigations - ***Reasonable***

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# Workforce report

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# People Metrics: Overview and analysis – May 2026

East of England Community Health and Care NHS Trust

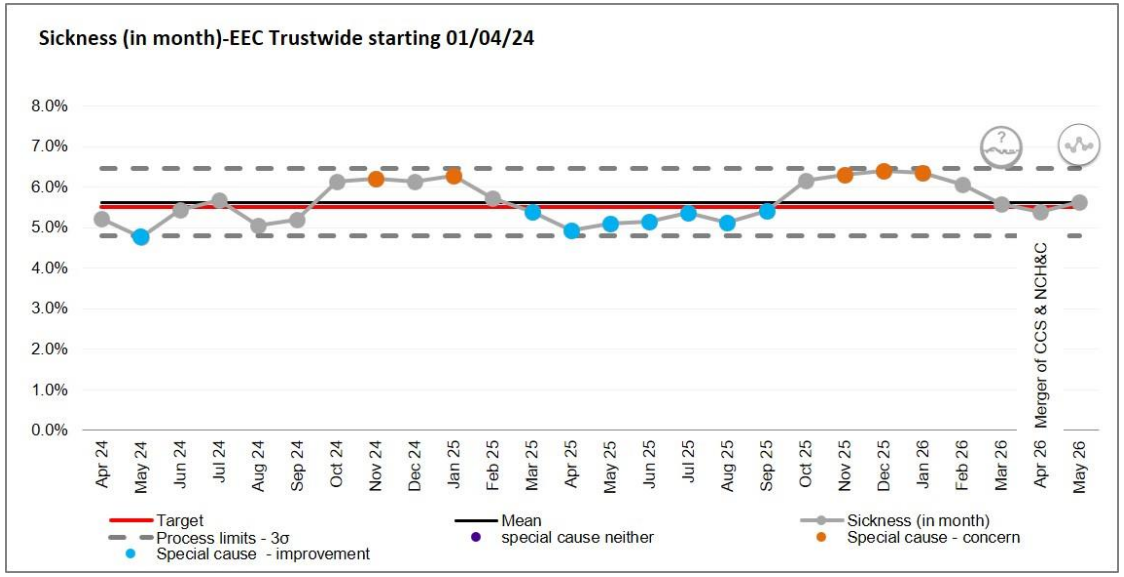
## 1. Sickness

a) The 12-month cumulative rolling rate (April 2026 – 5.64%, May 2026 – 5.66%) remains above the Trust rolling target of 5.5%.

b) Monthly Trustwide rate for April 2026 was 6.07% and for May 2026 was 5.59%.

c) The Trustwide sickness rate has 3.25% attributed to long term sickness and 2.37 % short term sickness absence. The top reason anxiety/stress/depression/other psychiatric illnesses; work continues to reduce those absences attributed to unknown/other reasons as much as possible.

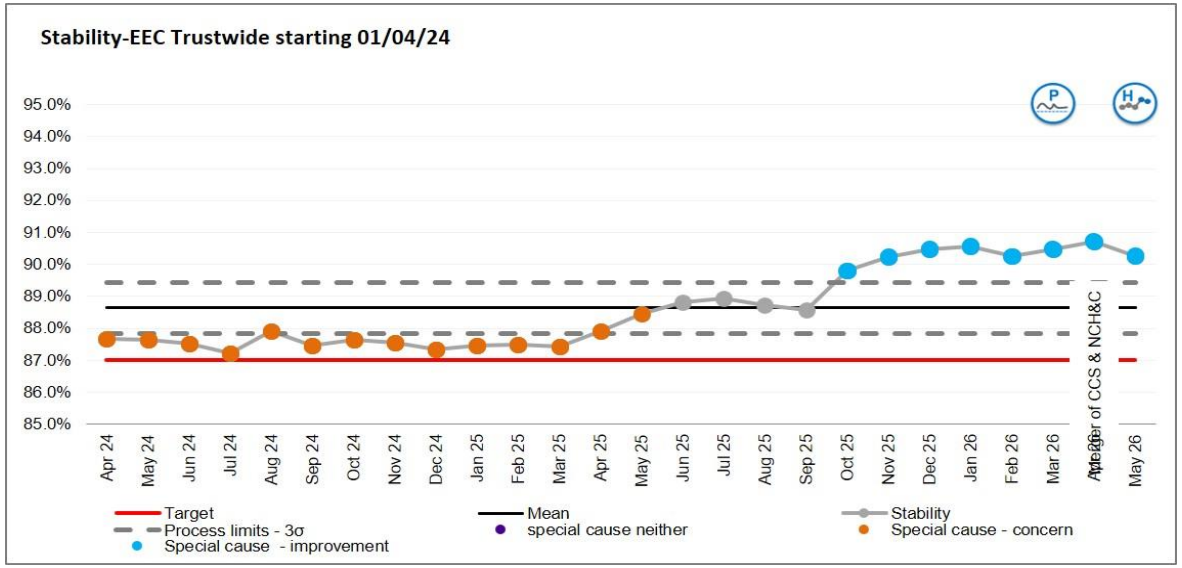
d) The Trust monthly sickness rate is above the April 2026 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.4 %.




## 2. Stability

a) The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – April 2026 – 90.72%, May 2026 – 90.27%, against the Trust target of 87%. This compares favourably to a stability rate of 89.2% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, April 2026).

b) Stability rates for the Trust are based on the permanent workforce (i.e: those on a fixed-term contract of less than one year are excluded).

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# People Metrics: Overview and analysis – May 2026

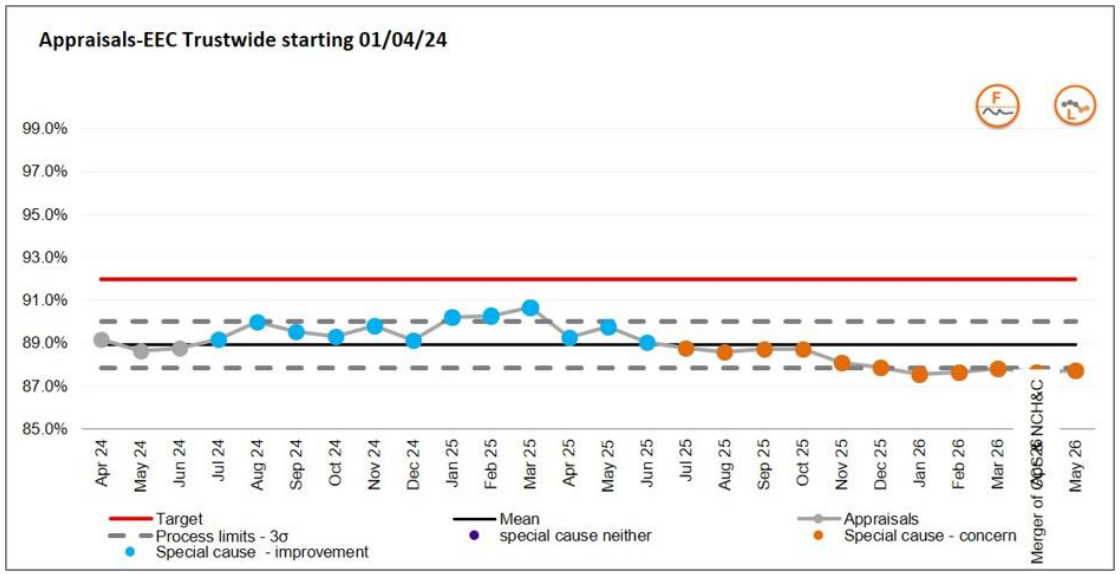
East of England Community Health and Care NHS Trust

### 3. Appraisals

a) The following chart shows the percentage of available employees with a current (i.e., within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.

b) The Trust wide Appraisal rate for April 2026 – 87.64% and May 2026 – 87.74%, which is below our target of 92% for 2026/27.

c) Support Services has the lowest rate (72.51%), Bedford & Luton Adults have the highest rate (96.47%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.

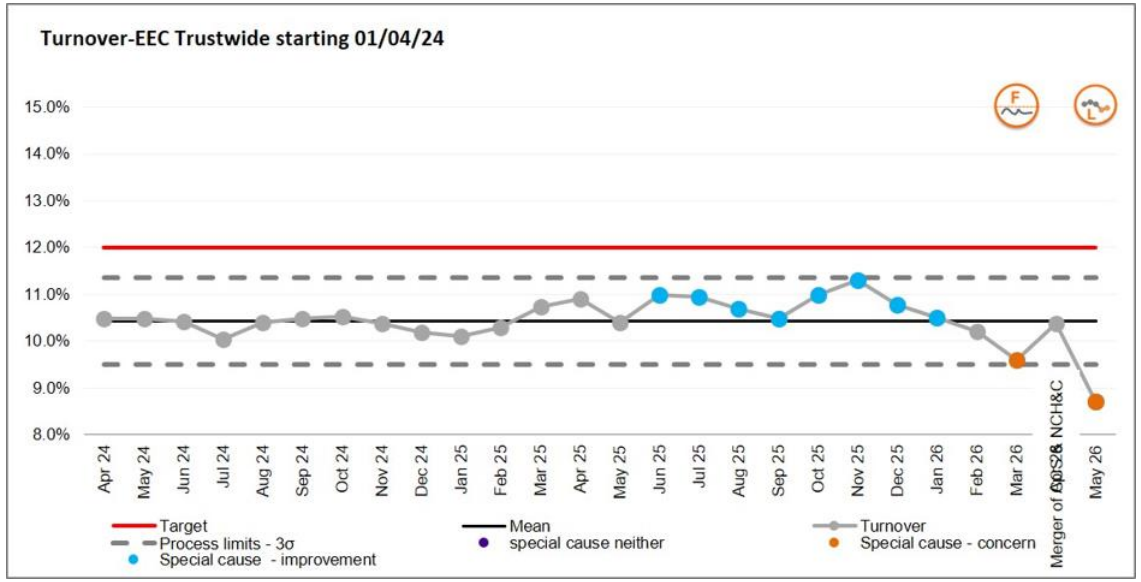



### 4. Turnover

a) The following chart shows monthly Turnover rates for the Trust which are based on the "Permanent" workforce (i.e., those employed on a current Fixed Term Contract of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a fixed-term contract, those who left through a mutually agreed resignation scheme and employee transfers.

b) The Trust's Rolling Year Turnover Rate is currently 8.41% (April 2026 – 9.04%, May 2026 – 8.41%) compared to an annual average Leaver rate for Community Provider Trusts of 11% (Source: NHS Digital Workforce Statistics – April 2026, based on "all Leavers" and "total Workforce").

c) Norwich Place within Norfolk Adults currently has the highest rolling year turnover rate at 11.61%, with Norfolk Children's having the lowest at 4.37%.

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# People Metrics: Overview and analysis – May 2026

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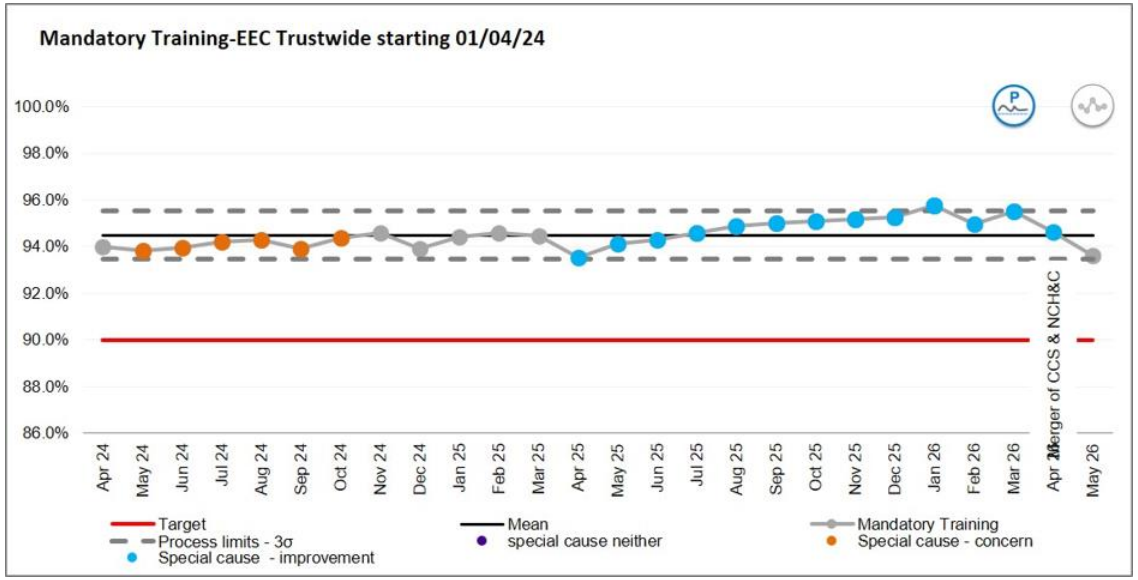
**5. Mandatory Training**

a) The following chart shows monthly mandatory training rates for the Trust, this includes those on fixed term, bank , internal secondment and permanent contacts. Staff who are within their first 3 months of employment are excluded along with staff on long term sickness, maternity or paternal leave.

b) The Trust wide mandatory training rate in April 2026 – 94.61%, May 2026 – 93.62%, which is above the Trust target of 92% for 2026/27.

c) Employees, for whom a non-compliant date is held in our electronic staff record, are contacted and reminded to complete their compliance.

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# Finance report

Delivering great health and care services in our local communities

# Financial Statements – May 2026

East of England Community Health and Care NHS Trust

## Statement of Comprehensive Income

| £'000 | Plan YTD | Actual YTD | Variance | Plan Full year |
|---|---|---|---|---|
| **Statement of comprehensive income** | | | | |
| Income | 59,163 | 59,276 | 113 | 372,026 |
| Pay | (42,541) | (43,166) | (626) | (268,390) |
| Non-Pay | (17,549) | (17,150) | 399 | (100,058) |
| Non-operating | (744) | (594) | 150 | (4,466) |
| **Accounting surplus / (deficit)** | **(1,671)** | **(1,635)** | **36** | **(888)** |
| Accounting performance adjustments* | 149 | 184 | 36 | 888 |
| **Adjusted financial surplus / (deficit)** | **(1,522)** | **(1,450)** | **72** | **0** |
| | | | | |
| **Efficiencies:** | | | | |
| Recurrent | 490 | 667 | 177 | 12,103 |
| Non-Recurrent | | 24 | 24 | - |
| **Total Efficiencies** | 490 | 691 | 201 | 12,103 |
| | | | | |
| **Temporary staff expenditure:** | | | | |
| Agency spend | 283 | 153 | 131 | 1,700 |
| Bank spend | 1,304 | 1,311 | (7) | 7,824 |

* includes donated assets, impairments, revaluations and peppercorn lease adjustments

## Statement of Financial Position

| £'000 | Plan Month end | Actual Month end | Variance | Plan Full Year |
|---|---|---|---|---|
| **Statement of Financial Position** | | | | |
| Non-current assets | 208,121 | 193,732 | (14,389) | 211,230 |
| Current assets | 71,304 | 75,820 | 4,516 | 67,604 |
| Current liabilities | (49,550) | (54,378) | (4,828) | (47,518) |
| Non-current liabilities | (28,633) | (24,112) | 4,521 | (26,171) |
| **Total net assets employed (equity)** | **201,242** | **191,062** | **(10,180)** | **205,145** |
| | | | | |
| **Operating cashflow** | | | | |
| Cash at bank | 49,370 | 42,740 | (6,630) | 45,666 |
| Number of months of operating cash cover | 1.7 | 1.4 | (0.3) | 1.0 |
| | | | | |
| **Capital expenditure** | | | | |
| Total capital expenditure | 476 | 725 | 249 | 11,552 |
| System capital limit (CDEL) spend | 476 | 725 | 249 | 14,676 |
| | | | | |
| **Aged Debt** | | | | |
| Debt over 90 days | | 3,766 | | 2,078 |
| Bad debt provision | | 2,078 | | 2,078 |
| | | | | |
| **Better Payment Practice Code** | | | | |
| By Number | 95.0% | 91.8% | -3.2% | 95.0% |
| By Value | 95.0% | 95.0% | 0.0% | 95.0% |

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